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PUBLIC HEALTH REPORTS.

UNITED STATES.

Review of plague situation at San Francisco.

[Memorandum prepared by Asst. Surg. D. M. Currie by direction of Surg. A. H. Glennan. Received January 20, 1903, after adjournment of the plague conference, January 19, 1903.]

Ninety-three cases of plague have occurred within the city of San Francisco between the dates of March 6, 1900, and December 11, 1902. Six of these were whites, 4 Japanese, and the remainder Chinese. Six have been pneumonic, of which 2 were purely pneumonic. The others probably secondarily pneumonic—that is, secondary to bubonic. Two have been purely tonsillar; 4 have recovered; 89 proved fatal. In 8 cases, the claim was made that they had come from other parts of the State. All were taken sick in the Chinese quarter with the exception of 5—1 Japanese and 4 whites, the former almost certainly being infected in the Chinese quarter. One of these whites was a woman whose husband was a teamster for the Chinese, and she herself lived within a block of the Chinese quarter. Another, a trained nurse, was infected from a Chinese patient. Another, a white sailor, who denied having been in Chinatown for a year and a half, and the last, a white clerk who was known to have gone on sprees, and therefore whose movements were doubtful, to say the least. The longest lapse that has occurred between cases is ninety-two days, during which time Chinatown was being cleansed by the State board of health, the next longest seventy-two days, which ended February 22, 1902. There have been 3 lapses of fifty days. All the cases occurring in the Chinese quarter beginning March 6, 1900, up to date, have been about equally distributed throughout, although taking a given month they are frequently found to have occurred in a comparatively localized area. So far as is known, there have not been over 5 cases that are even probably contacts, and as to one or two of these the connection is doubtful as to whether it was contagion from one to the other or from a common source. It is probable that all the dead in Chinatown are seen. We have had some evidence from Chinese sources in several cases that sick have been removed in order to avoid necropsy. In these particular cases we have been unable to find out whether it was true. If cases were removed from the city, from what we have observed here—namely, that few or no contacts contract the disease—it is probable that no spread of the disease would take place.

Except from the certificates of the attending physicians, we have no means of ascertaining whether the whites in different parts of the city dying are infected with plague.

The city board of health says that after the population of Chinatown is taken, exclusive of Japanese, the mortality runs 30 per 1,000, which is high, considering there are very few children. But these statistics are based on the dead which we see, the great majority of which are not plague.

The Chinese object to necropsy to a moderate extent, but not seriously as a rule—not as much so as the whites. We necropsy all cases, first, that have been seen by us during life and are regarded as suspicious of plague, such as acute buboes, pneumonia, and acute febrile diseases the causes of which are doubtful or can not be ascertained. Second, all cases which have not been seen by us and in which, on an inspection of the body, the cause of the death is not evident, such as fracture of the skull, chronic tuberculosis, ascites, etc. The only exceptions that have been made to this rule have been in 2 cases of pneumonia, and 1, a well-nourished man, dying suddenly, in which legal action was threatened by the Chinese, and these bodies were passed by the city board of health against our recommendations. All cases of plague and all cases suspicious of plague that have been necropsied have been carried through all the usual and ordinary bacteriological tests before diagnosis has been made. If a case is regarded as suspicious of plague, the city bacteriologist is notified and is present at the necropsy. In addition to this, the city board of health is notified that the provisional diagnosis of this office is bubonic plague. Acting upon this and the concurrence of its bacteriologist, the body is buried in lime, and they (the city board of health) close the room in which the man was found sick or dead and disinfect it with sulphur and place a quarantine over it for from five to fifteen days.

The contacts (except in pneumonic cases) are not quarantined as a rule. By contacts in pneumonic cases are meant those men who are found in the room when the policeman arrives to institute the quarantine. After the body is limed it is hermetically sealed in a zinc coffin and buried by the Chinese undertaker. There is no reasonable doubt about the disposition of the bodies. The clothes are buried with them.

No person attending the necropsies has contracted the disease, nor, so far as we know, did any case of plague develop among the 135 white men employed in cleansing Chinatown.

It would appear that the months of July, August, September, and early October are the months of maximum plague mortality, and those of November, December, and January the minimum.

The population of Chinatown is estimated at 15,000 during the winter months, namely, from November to March inclusive, and is smaller between March and November, as about 5,000 Chinese leave the city for the ranches in the State and the Alaskan canneries. The greatest number of cases of plague is in the seasons when there is the smallest population. Up to the last few weeks most weeks showed a larger number of dead than sick; in other words, while I believe we see all the dead, there are a great number of sick even from ordinary chronic diseases who are not seen during life. Every effort has been made to see all the sick, but owing to lack of cooperation of the Chinese and their fear of quarantine, this has been impossible; but during the last few weeks there has been a very marked and favorable increase in the number of sick seen by this office.

The method by which we see the sick is as follows: It is known to the Chinese that all cases which have been seen by us during life and found not to be plague, will be passed without necropsy. Therefore, a certain per cent of the population report their sick to us for the sole purpose of avoiding necropsy in case of death. This, as will be readily seen, permits us to visit only those sick who the Chinese believe are going to die. We have repeatedly, through the Six Companies, and directly, urged the Chinese to report even trivial cases to us, assuring them that their interests would not be injured thereby, but up to the present time, possibly owing to contrary influences brought to bear against us by the agents of the State board of health, we have been unable to secure their full confidence and cooperation.

As a rule, the Chinese laymen and physicians strongly suspect plague even at an early stage of the disease, but on the other hand any acute febrile illness they regard in about the same light. In short, they are not able to make a very accurate differentiation between acute febrile cases. The cases which occur with well marked buboes, they recognize as readily as do the trained white physicians. If the Chinese believe the case to be one of plague, they rarely report it to this office, because their whole fear is the quarantine and the necropsy of the body. All they can hope to gain by reporting is the prevention of the necropsy of the body, and therefore they have no inducement in this case to report.

There were examined previous to November 8, 1902, some 50 or 60 rats (estimated) which were obtained at irregular intervals by offering small rewards. The examination of these showed none to be infected with plague. On November 8, the city board of health began to systematically trap rats in Chinatown, employing 3 men and 50 traps. The traps were set entirely in the sewers. These men were also instructed to look for dead rats in Chinatown and bring them with the live to this laboratory. The live rats were chloroformed on arrival here and with the dead rats necropsied and examined bacteriologically. Of the 481 rats examined so far, 15 were found to be infected with plague. Of the 15, 12 were caught or found dead (mostly the latter) within a radius of 100 feet from 629 Merchant street, which is one-half block to the east of Chinatown. The other 3 were caught in various parts of Chinatown. The rats in this city other than the district known as Chinatown and possibly a block or two beyond its borders have not been examined.

Diphtheria on the steamship Buffalo at Pensacola.

Acting Asst. Surg. R. C. White reports from Pensacola, Fla., January 3, 1903, as follows:

The U. S. S. *Buffalo* arrived at this port December 30, 1902, from Kingston, Jamaica, with a record of 8 cases of diphtheria on board, 2 of them having died en route to Pensacola. The ship, which has been visited by me twice since its arrival, is in good sanitary condition and has now no sickness on board, all the cases having been removed to the naval hospital. Every precaution has been taken to prevent any infection from reaching the city, and no danger is apprehended from that source.

Respectfully,
R. C. WHITE,
Acting Assistant Surgeon, In Charge.

Statistical reports of States and cities of the United States—Yearly and monthly.

CALIFORNIA—*Los Angeles.*—Month of December, 1902. Estimated population, 135,000. Total number of deaths, 219, including diphtheria, 10; enteric fever, 6; scarlet fever, 1, and 49 from tuberculosis.

San Diego.—Month of December, 1902. Estimated population, 20,000. Total number of deaths, 37, including 6 from tuberculosis.

CONNECTICUT—*Bridgeport.*—Month of December, 1902. Estimated population, 72,000. Total number of deaths, 117, including diphtheria, 3; enteric fever, 2, and 14 from tuberculosis.

FLORIDA—*Tampa.*—Month of December, 1902. Estimated population, 22,000. Total number of deaths, 35, including 7 from tuberculosis.

ILLINOIS—*Kankakee.*—Two weeks ended January 15, 1903. Estimated population, 15,500. Total number of deaths, 14, including enteric fever, 2, and 2 from tuberculosis.

INDIANA—*Jeffersonville.*—Month of November, 1902. Census population, 10,774. Total number of deaths, 16, including 1 from scarlet fever.

Month of December, 1902. Total number of deaths, 22, including 4 from whooping cough.

The December reports to the State board of health show that smallpox, for the twenty-third consecutive month, leads the list as the most prevalent disease; then follow, in the order given, tonsilitis, rheumatism, bronchitis, pneumonia, influenza, typhoid fever, intermittent fever, scarlet fever, pleuritis, diarrhea, diphtheria, erysipelas, inflammation of bowels, whooping cough, measles, dysentery, puerperal fever, cerebro spinal meningitis, cholera infantum, and cholera morbus.

The number of deaths reported during the month was 2,634, which makes a death rate of 12.3. This is an improvement as compared with